

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

S P - 3 9 4

2. STATE:

Delaware

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☒ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☐ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2003 \$ -0-

b. FFY 2004 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.18-A, Pages 1 through 3

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

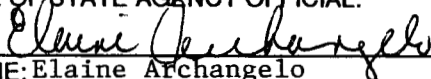
New Plan

10. SUBJECT OF AMENDMENT: The purpose of this new state plan is to establish
a client co-pay amount for non-emergency medical transportation services,
effective October 1, 2002.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:Governor's comments to follow
under separate correspondence.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Elaine Archangelo
Director, DSS14. TITLE: Designee for Vincent P. Meconi, Secretary
Delaware Health and Social Services

15. DATE SUBMITTED:

12/17/02

16. RETURN TO:

Elaine Archangelo

Director

Division of Social Services

P.O. Box 906

New Castle, Delaware 19720-0906

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

December 20, 2002

18. DATE APPROVED:

MAR 21 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 1, 2002

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Mary T. McSorley

22. TITLE: Associate Regional Administrator
Division of Medicaid and Children's Health

23. REMARKS:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Suite 216, The Public Ledger Building
150 S. Independence Mall, West
Philadelphia, PA 19106-3499



MAR 21 2003

Elaine Archangelo
Director Designee for
Vincent P. Meconi, Secretary
Delaware Health and Social Services
P. O. Box 906
New Castle, Delaware 19720

Dear Ms. Archangelo:

We are pleased to enclose a copy of the approved State Plan Amendment No. SP-394. It provides that, with some exceptions, Medicaid recipients will be charged a one-dollar co-payment for non-emergency transportation provided through your Medical Assistance transportation program. The effective date of this amendment is October 1, 2002.

If you have any questions concerning this information, please contact Paul Hughes of my staff at 215-861-4171.

Sincerely,

Mary T. McSorley
Associate Regional Administrator
Division of Medicaid and Children's Health

Enclosure

NEW STATE PLAN

Revision: CMS-PM-85-14 (BERC)
SEPTEMBER 1985

ATTACHMENT 4.18-A
Page 1
OMB NO.: 093-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: DELAWARE

- A. The following charges are imposed on the categorically needy for services other than those provided under section 1905 (a) (1) through (5) and (7) of the Act:

Service	Type of Charge			Amount and Basis for Determination
	Deductible	Coinsurance	Copayment	
Non-Emergency Medical Transportation	-0-	-0-	\$1.00 per one-way trip	This co-pay is effective October 1, 2002 and is based on the ranges specified in 42 CFR 447.54 and 447.55.

TN No. SP-394

Supersedes

TN No. N/A

Approval Date MAR 21 2003

Effective Date October 1, 2002

Revision: CMS-PM-85-14 (BERC)
SEPTEMBER 1985

ATTACHMENT 4.18-A
Page 2
OMB NO.: 093-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: DELAWARE

B. The method used to collect cost sharing charges for categorically needy individuals:

- ☒ Providers are responsible for collecting the cost sharing charges from individuals.
- ☐ The agency reimburses providers the full Medicaid rate for services and collects the cost sharing charges from individuals.

C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

Non-Emergency Transportation (NET) is provided as an administrative activity under the State Plan. The State's position is that as an administrative activity, NET co-pay requirements are not subject to 42 CFR 447.53(b), exclusions from cost-sharing.

The Transportation Broker or Transportation Provider will, based on information available to them, make a determination of the client's ability to pay the co-pay. Non-payment of this standard cost-sharing amount may result in denial of the service at the Transportation Broker's or Transportation Provider's discretion. Providers may voluntarily provide transportation to client who cannot pay the co-pay amount, however the State will not reimburse the Transportation Broker or the Transportation Provider any co-payment amounts for which the client is or would have been liable. Further, the Transportation Broker or Transportation Provider have complete discretion as to whether they will pursue any unpaid co-pay amounts from clients who were provided non-emergency transportation but failed to reimburse the Transportation Provider the required co-pay fee at the time of the service. The State will not pursue unpaid co-pay amounts from clients.

TN No. SP-394

Supersedes

TN No. N/A

Approval Date MAR 21 2003

Effective Date October 1, 2002

Revision: CMS-PM-85-14 (BERC)
SEPTEMBER 1985

ATTACHMENT 4.18-A
Page 3
OMB NO.: 093-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: DELAWARE

- D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53 (b) are described below:

The Transportation Broker or Transportation Provider have been informed about: applicable service and amount; and, prohibition of service denial if client is unable to meet the co-pay amount.

- E. Cumulative maximums on charges:

☒ State policy does not provide maximums.

☐ Cumulative maximums have been established as described below:

TN No. SP-394

Supersedes

TN No. N/A

Approval Date MAR 21 2003

Effective Date October 1, 2002